

THE CITY OF NEW YORK
VITAL RECORDS CERTIFICATE

DEATH TRANSCRIPT

DATE FILED THE CITY OF NEW YORK - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

NEW YORK CITY
DEPARTMENT OF HEALTH
AND MENTAL HYGIENE
APRIL 03, 2015 04:43 PM

CERTIFICATE OF DEATH

Certificate No. 156-15-015023

1. DECEDENT'S
LEGAL NAME **Franklin Ramos Sanchez**

(First, Middle, Last)

Place of Death	2a. New York City	2c. Type of Place	4 <input type="checkbox"/> Nursing Home/Long Term Care Facility	2d. Any Hospice care in last 30 days	2e. Name of hospital or other facility (if not facility, street address)
	2b. Borough Manhattan	1 <input type="checkbox"/> Hospital Inpatient 2 <input type="checkbox"/> Emergency Dept./Outpatient 3 <input checked="" type="checkbox"/> Dead on Arrival	5 <input type="checkbox"/> Hospice Facility 6 <input type="checkbox"/> Decedent's Residence 7 <input type="checkbox"/> Other Specify	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No 3 <input type="checkbox"/> Unknown	New York-Presbyterian-Lower Manhattan Hospital
Date and Time of Death or Found Dead	3a. (Month) March	(Day) 15	(Year-yyyy) 2015	3b. Time 01:30	4 Sex Male
				5. OCME Case No. M15001678	
MEDICAL CERTIFICATE OF DEATH (To be filled in by the OCME)	PART I	a. Immediate cause Pending Further Studies			
		b. Due to or as a consequence of ***			
		c. Due to or as a consequence of ***			
	PART II	Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Include operation information. ***			
7a. Injury Date (mm-dd-yyyy) ***	7b. Time <input type="checkbox"/> AM <input type="checkbox"/> PM	7c. At Work 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7d. Place of Injury - At home, factory, street, etc. ***		
7e. Location ***					
7f. How Injury Occurred ***					
7g. If Transportation Injury Specify <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other Specify	8. Manner of Death <input checked="" type="checkbox"/> Pending further study <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Undetermined		9. Autopsy <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Autopsy Pursuant to Law <input type="checkbox"/> No Autopsy	10. On the basis of examination and/or investigation, in my opinion, death occurred due to the causes and manner stated. Certifier Signature John Hayes DO Signature Electronically Authenticated John Hayes M.D. Date APR-03-2015 Certifier Name (Print) John Hayes Medical Examiner (Medical Investigator) (Deputy Chief) (Chief) (Medical Examiner)	
11a. Usual Residence State Colombia	11b. County Rio Negro	11c. City or Town 90th Street #59-86 1st Fl	11d. Street and Number 90th Street #59-86 1st Fl	Apt. No. ***	ZIP Code ***
12. Date of Birth (Month) (Day) (Year-yyyy) 1958	13. Age at last birthday (years) 56	14. Social Security No. 000-00-0000		11e. Inside City Limits? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No	
15a. Usual Occupation (Type of work done during most of working life) Self Employed		15b. Kind of business or industry Entrepreneur		16. Aliases or AKAs ***	
17. Birthplace (City & State or Foreign Country) Puerto Rico		18. Education (Check the box that best describes the highest degree or level of school completed at the time of death) 1 <input checked="" type="checkbox"/> 8th grade or less; none 4 <input type="checkbox"/> Some college credit, but no degree 7 <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MEdA) 2 <input type="checkbox"/> 9th - 12th grade; no diploma 5 <input type="checkbox"/> Associate degree (e.g., AA, AS) 8 <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD) 3 <input type="checkbox"/> High school graduate or GED 6 <input type="checkbox"/> Bachelor's degree (e.g., BA, BS)			
19. Ever in U.S. Armed Forces? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	20. Marital/Partnership Status at time of death 1 <input type="checkbox"/> Married 2 <input checked="" type="checkbox"/> Domestic Partnership 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Married, but separated 5 <input type="checkbox"/> Never Married 6 <input type="checkbox"/> Widowed 7 <input type="checkbox"/> Other, Specify		21. Surviving Spouse's/Partner's Name (If wife, name prior to first marriage) (First, Middle, Last) Magda Liliana Martinez Acosta		
22. Father's Name (First, Middle, Last) Jose Joaquin Ramos		23. Mother's Maiden Name (Prior to first marriage) (First, Middle, Last) Natividad Sanchez Castaneda			
24a. Informant's Name Magda Liliana Martinez Acosta		24b. Relationship to Decedent Spouse		24c. Address (Street and Number) Apt. No. City & State ZIP Code 90th Street #59-86 1st Fl, Rio Negro, Bogota ***	
25a. Method of Disposition 1 <input checked="" type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Entombment 4 <input type="checkbox"/> City Cemetery 5 <input type="checkbox"/> Other Specify		25b. Place of Disposition (Name of cemetery, crematory, other place) Cementerio Distrital Chapinero			
25c. Location of Disposition (City & State or Foreign Country) Bogota, Colombia		25d. Date of Disposition 05 05 2015			
26a. Funeral Establishment International Funeral Service of New York, Inc.		26b. Address (Street and Number) City & State ZIP Code 4123 4th Avenue, Brooklyn, New York 11232			
Disposition-Method of Disposition - formerly Interim Disposition; approved by Deputy City Registrar J. Barnswell on May-01-2015; Informant-Address Country- formerly Colombia; approved by Deputy City Registrar J. Barnswell on May-04-2015; Disposition-Place Name- formerly Cementerio Distrital Chapinero; approved by Deputy City Registrar J. Barnswell on May-04-2015; Disposition-Place Country- formerly Colombia; approved by Deputy City Registrar J. Barnswell on May-04-2015; Resident Address-Country- formerly Colombia; approved by Deputy City Registrar J. Barnswell on May-04-2015.					

VR 18 (Rev. 01/09)

This is to certify that the foregoing is a true copy of a record on file in the Department of Health and Mental Hygiene. The Department of Health and Mental Hygiene does not certify to the truth of the statements made thereon, as no inquiry as to the facts has been provided by law.

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May 04, 2015 Order No. 20150502152

Steven P. Schwartz, Ph.D., City Registrar



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The City of New York

